

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-3346.M2**

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** April 23, 2003

**RE: MDR Tracking #:** M2-03-0682-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Anesthesiology and Pain Management physician reviewer who is board certified in Anesthesiology and Pain Management. The Anesthesiology and Pain Management physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Clinical History**

The claimant was injured on \_\_\_. He was working on a back hoe when he was hit by another vehicle. This caused the back hoe to tip over, throwing him from the apparatus. The claimant landed injuring his head, neck, shoulder and knee. The claimant was eventually diagnosed with a C7 radiculopathy, due to a C7 disc herniation. He underwent discectomy and fusion in October of 2000. The claimant was also found to have abnormality in the left shoulder, including an acromioclavicular joint separation. He underwent an acromioplasty in March of 2001. Left knee arthroscopy showed a meniscal tear and he underwent left knee arthroscopy in December of 2001. The claimant has continued with neck pain. Over the following years, he has also had some complaints at times of pain into the arm. Presently, he is diagnosed with a facet arthropathy, myofascial pain, and some reactive depression.

**Requested Service(s)**

The request was placed for a cervical facet block and trigger point injections on the left side, followed-up one week later with the same procedure done on the right side.

## **Decision**

It is my opinion that authorization be given for the cervical facet injections as well as the trigger point injections for \_\_\_\_.

## **Rationale/Basis for Decision**

My decision is based on the fact that the claimant did have a traumatic injury of such a force that he could have had facet injury. This facet injury, over a period of time, would cause a muscle spasm to develop. Currently, he has signs of both facet pain and myofascial spasm. Therefore, it is reasonable to consider treatment for his facet and myofascial pain related to his work injury. I thereby would recommend injection of the cervical facets and trigger points as a diagnostic and therapeutic procedure. If there were no benefit from the first facet joint injections, no further injections would be reasonable after that point.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (pre-authorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 23 <sup>rd</sup> day of April 2003.
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